EXHIBIT C

United Stalls Bankruptcy Court	DISTRICT OF Nevada					
Name of Dubtor USA Commercial Mortgage Company	Case Number 06-10725-LBR					
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense may	y be filed pursuant to II U.S.C. § 503					
Name of Creditor (The person or other entity to whom the debtor owes money or property) A1-Awar Living Trust Dated 04/05/01 Adib M. A1-Awar & Ellen A. Al-Awar, Trustee Name and address where notes should be sent	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court in this					
Adib M Al-Awar & Ellen A Al-Awar 1330 Burro Court Gardnerville, Nevada 89410 Telephone number 775-783-8390	Check box if the address differs from the address on the envelope sent to you by the court. This Space is for Court Usi Only					
Last four digits of account or other number by which creditor identifies debtor	Check here replaces If this claim amends a previously filed claim dated					
1 Resis for Claim Goods sold Services performed X Money loaned Personal injury/wrongful death Taxes See Exhibit A X Other	Retiree benefits as defined in 11 U S C § 1114(a) Wages salaries, and compensation (fill out below) Last four digits of your SS # Unpaid compensation for services performed from					
2. Date debt was incurred March 1, 2005	3. If court judgment, date obtained					
4 Classification of Claim. Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations. Unsecured Nonpriority Claim \$1,807,956.81 X Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) nome or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$						
Contributions to an employee benefit plan - 11 U S C § 507(a	with respect to cases commenced on or after the date of adjustment					
5 Total Amount of Claim at Time Case Filed \$1,807,956.81 \$						
	the creditor or other person authorized to					

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				envelope sent to you by the	Bankruptcy Court	or BMC you do not need to file again
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╿┝	Goods sold	Personal injury/wrongful death	☐ Wages	salaries and compensation (fill out below)	Other claims against service
	Services performed	☐ Taxes	Last four	digits of your SS#		(not for loan balances)
1	Money loaned	Other (describe briefly)	Unpaid o	compensation for services pe	rformed from	to
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	ee reverse side for importan	•		SECURED CLAIM		
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		ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2 225* of deposits toward		
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	Contributions to an employ	yee benefit plan 11 U S C § 507(a)(5)	<u>i</u>	Other Specify applicable para * Amounts are subject to adjust		
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	BY MAIL TO BMC Group		BMC Grou			
	Attn USACM Claims Doo P O Box 911	cketing Center		CM Claims Docketing Center Franklin Avenue	r	
	El Segundo CA 90245-0		El Seguno	lo CA 90245		
DAT	E	SIGN and print the name and title if any of this claim (attach copy of power of att	the creditor or	other person authorized to file		
11	1-9-06	A	Da	vid R Griffith, torney for Credit		
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UNITED STATES BANKRUPTCY COURT	Di	STRICT	OF	Nevada		PROOF OF CLAIM
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Contributions to an employee benefit plan - 11 U S.C. § 507(a			_	عدا عرب ميليون		
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making this proof of claim.					ł	
7 Supporting Documents: Attach copies of supporting docum	ents, such	as pro	misso	ory notes, purc	nase	
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UNITED STATES	BANKRUPICY COURT	Dis	TRICT C)F_N	Vevada	DDOOF OF OLAIM
Name of Debtor	PROOF OF CLAIM					
	should not be used to make a claim for an admini quest for payment of an administrative expense ma					7
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✓ Money Persona Taxes			Wa La Ur	ages ist fo	e benefits as defined in s salaries and compen our digits of your SS # d compensation for se (date)	sation (fill out below)
Other - 2 Date debt w	vas incurred June 2005	3	If cour	t ju	dgment, date obtain	ed
See reverse side Unsecured Nong Check this b b) your claim exce only part of your of Unsecured Priori Check this be entitled to priority Amount entitled to Specify the priority of Domestic supp (a)(1)(B) Wages salaries days before filing of business whicheve Contributions	ox if you have an unsecured claim all or part of very priority \$ If the claim port obligations under 11 U S C \$ 507(a)(1)(A) or so or commissions (up to \$10 000),* earned within the bankrupicy petition or cessation of the debt is earlier 11 U S C \$ 507(a)(4) It is an employee benefit plan 11 U S C \$ 507(a)	vhich is or 180 or *Am ()(5)	Secured A mount secured Up to \$2 or service \$ 507(a) Taxes or Other - Secured are with response.	Check of s Brief R Value nt of d cla 225 es fo (7) pens Speci	Claim Ek this box if your claim setoff) If Description of Collate Real Estate Moto the of Collateral \$	eral r Vehicle Other nknown arges at time case filed included in
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United States Bankruptcy Court	Dis	TRIC I	OF_	Nevada	PROOF OF CLAIM	
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USA COMMERCIAL MURTGAGE COMPANY						
NOTE This form should not be used to make a claim for an adminis of the case. A request for payment of an administrative expense ma	ıt					
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DELANSON, NY 12053 Telephone number 518-864-5032	addr			address differs from the velope sent to you by	THIS SPACE IS FOR COURT USE ONLY	
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4 Classification of Claim Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filted See reverse side for important explanations. Unsecured Nonpriority Claim \$\frac{355}{812}\$\$\frac{10}{\text{V}}\$\$\text{Check this box if a) there is no collateral or lien securing your claim, or only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$\frac{1}{\text{Specify the priority of the claim}}\$\$\text{Motor Vehicle} Other \text{Value of Collateral} Value of Collater						
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UNITED STATES	S BANKRUPTCY COURT	Drs	TRICT	of <u>Nevada</u>	PROOF OF CLAIM
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	5/0 - 581 - 3754 account or other number by which creditor		court.	/ replaces	TIME SINCE IS NOT COOK ON ON
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Other -	See EXHIBIT A			(date)	(date)
2. Date debt w	ras incurred NOVEMBER 11/2004	3.	If cou	rt judgment, date obtain	red
A Classification					
See reverse side	of Claim. Check the appropriate box or boxes the for important explanations.	at best des	_		int of the claim at the time case file
Unsecured Non	priority Claim \$ 711, 472,73			red Claim	
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only part of your	eas the value of the property securing it or if c) a claim is entitled to priority	none or	1	Brief Description of Collai	eral
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Check this bo	ox if you have an unsecured claim all or part of w	vhich is	·	Value of Collateral \$_4	
entitled to priority	•				harges <u>at time case filed</u> included in
Amount entitled to	priority \$		secure	ed claim, if any \$ 10	<u>155 1</u> 0
Specify the priority of	f the claim	П	Up to \$2	2,225* of deposits toward	purchase, lease, or rental of propert
Domestic supp	ort obligations under 11 USC § 507(a)(1)(A) o	r	or serving 507(a	ces for personal, family, or	household use - 11 USC
(a)(1)(B)					nental units - 11 USC § 507(a)(8)
days before filing o	s, or commissions (up to \$10,000),* earned within f the bankruptcy petition or cessation of the debt r is earlier - 11 U.S.C. § 507(a)(4)	n 180 🔲			ph of 11 USC § 507(a)()
			ounts ar	re subject to adjustment on	4/1/07 and every 3 years thereafter
	to an employee benefit plan - 11 U S C. § 507(a	Λ-/	3		n or after the date of adjustment.
	nt of Claim at Time Case Filed	•	711,4 (unecou	Ed) (secured)	(negority) (Total)
Check this box interest or addi	if claim includes interest or other charges in additional charges.	lition to the	e princip	al amount of the claim At	(priority) (Total) tach itemized statement of all
6. Credits Th	e amount of all payments on this claim has been	credited a	nd deduc	cted for the purpose of	THIS SINCE IS FOR COURT USE ONLY
making this prod					
7 Supporting D orders invoices	ocuments: Attach copies of supporting documented statements of running accounts, contra	enis, such a ects court i	as promi	ssory notes, purchase	
agreements and	levidence of perfection of lien DO NOT SEN	D ORIGIN	IAL DO	CUMENTS If the	LED JAN 1 2 2007
documents are r	not available, explain If the documents are volui	ninous, att	ach a sui	mmary	
addressed enveloped	Copy To receive an acknowledgment of the fil ope and copy of this proof of claim.	ing of you	r claım, o	enclose a stamped, self-	
Date	Sign and print the name and title, if any, of the	he creditor	or other	person authorized to	USA CMC
lel	I IIIC Uns claim (attach conv of nower of attor	nev if any	A	HANDAL.	
JHN/7/2007	Tandals 5	DHW H	, , (nn-n-	1072502286

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Case 06-10725-gwz Doc 8797-3 Entered 08/02/11 08:41:57 Page 9 of 11

FORM B10 (Official Form 10) (04/04)

CHAPTER 13

United States Bankruptcy Cour District of nevada	United States Bankruptcy Cour District of nevada				
Name of Debtor USA Capital Reality Advisors, LLC	Case Number 06-10726-LBR	REC'D JUL 28 2006			
NOTE This form should not be used to make a claim for an administrati					
of the case A "request" for payment of an administrative expense may be	· · · · · · · · · · · · · · · · · · ·				
Name of Creditor (The person or other entity to whom the debtor owes money or property) Margarita Jung	anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving				
Name and address where notices should be sent Margarita Jung 1405 Vegas Valley #317 Las Vegas, NV 89109	particulars Check box if you have never received any notices from the bankruptcy court in this case Check box if the address differs				
Telephone number	from the address on the envelope sent to you by the court	This Space is for Court Use Only			
Account or other number by which creditor identifies debtor- n/a	Check here replaces If this claim a previously amends	filed claım, dated			
1 Basis for Clam					
Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other Trust Deed Investment	Retiree benefits as defined in I1 U Wages, salaries, and compensation Last four digits of SS # Unpaid compensation for services from	(fill out below)			
2. Date debt was incurred.	3 If court judgment, date obtained				
4 Total Amount of Claim at Time Case Filed \$ (unsecured If all or part of your claim is secured or entitled to priority, also controlled the Check this box if claim includes interest or other charges in additional interest or additional charges	mplete Item 5 or 7 below	(== ::)			
5 Secured Claim Check this box if your claim is secured by collateral (including a right of setoff)	7. Unsecured Priority Claim Check this box if you have an unse	cured priority claim			
Brief Description of Collateral	Amount entitled to priority \$ Specify the priority of the claim				
☐ Real Estate ☐ Motor Vehicle ☐ Other Trust Deed investment	☐ Wages, salaries, or commission days before filing of the bankri	uptey petition or cessation of the			
Value of Collateral \$ Amount of arrearage and other charges at time case filed included in	debtor's business, whichever is Contributions to an employee b Up to \$2,225* of deposits tows property or services for persons	enefit plan - 11 USC § 507(a)(4)			
secured claim, if any \$91 534 04 6. Unsecured Nonpriority Claim \$	or child - 11 U S C § 507(a)(7)				
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority					
8 Credits The amount of all payments on this claim has been credited this proof of claim	and deducted for the purpose of making	This Space is for Court Use Only			
9 Supporting Documents Attach copies of supporting documents orders, invoices, itemized statements of running accounts, contracts, cour agreements, and evidence of perfection of lien DO NOT SEND ORIGIN not available, explain If the documents are voluminous, attach a summar 10 Date-Stamped Copy To receive an acknowledgment of the filing addressed envelope and copy of this proof of claim Date Sign and print the name and title, if any, of the cr					
Sign and print the name and title, if any, of the cr this claim (attach copy of power of attorney, if an	USA CAPITAL				

USA CAPITAL

FORM B10 (Official Form 10) (10/05)		(Protective)					
UNITED STATES BANKRUPICY COURT	DISTRICT OF Nevada	PROOF OF CLAIM					
Name of Dubtor USA Commercial Mortgage Co	Case Number 06-10725-LBR						
NOTF This form should not be used to make a claim for an administrative expense inagent of an administrative expense inagents.	nt						
Name of Creditor (The person or other entity to whom the dubtor owns mancy or property)	Check box if you are aware that anyon else has filed a proof of claim relating your claim. Attach copy of statement						
Norman Kıven	giving particulars						
Name and address where notices should he sent Andrew J Abrams, Esq., Sugar, Friedberg & Felsenthal LLP 30 N LaSalic St., Ste 3000, Chicago, IL 60602 Telephone number 312-704-9400	Check box if you have never received a notices from the bankruptcy court in t case Check box if the address differs from the address on the envelope sent to you by	his he					
Telephone number 312-704-9400 Last four digits of account or other number by which creditor	the court. Check here replaces						
identifies debtor	if this claim amends a previously	y filed claim, dated					
I Basis for Claim							
☐ Taxes ☐ Other ————————————————————————————————————	(date)	(date)					
2 Date debt was incurred 2004 - 2006	3 If court judgment, date obta	ined					
Sec reverse side for important explanations Unsecured Nonpriority Claim \$ Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority Unsecured Priority Claim Real Estate Motor Vehicle Other							
Unsecured Priority Claim Chuck this box if you have an unsecured claim, all or part of we entitled to priority	/hich is Value of Collateral \$_	Unknown charges at time case filed included in					
Amount entitled to priority \$	secured claim, if any \$						
Specify the priority of the claim	Up to \$2 225* of deposits toward or services for personal, family, or	d purchase, lease, or rental of property					
Domestic support obligations under 11 USC \$ 507(a)(1)(A) a (a)(1)(B)	§ 507(a)(7)						
☐ Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debt business whichever is earlier - 11 USC § 507(a)(4) ☐ Contributions to an employee benefit plan - 11 USC § 507(a)	n 180 Other - Specify applicable parag *Amounts are subject to adjustment of	mmental units - 11 U S C § 507(a)(8) raph of 11 U S C § 507(a)() an 4/1/07 and every 3 years thereafter i on or after the date of adjustment					
5 Total Amount of Claim at Time Case Filed	\$						
 Check this box if claim includes interest or other charges in additional charges. 	(unsecuted) (secured) iition to the principal amount of the claim a	(priority) (Total) Attach itemized statement of all					
6 Credits The amount of all payments on this claim has been making this proof of claim	credited and deducted for the purpose of	THIS SINCE IS FOR COURT USE ONLY					
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain If the documents are voluminous, attach a summary See Rider							
8 Date-Stamped Copy. To receive an acknowledgment of the fi addressed envelope and copy of this proof of claim	ling of your claim, enclose a stamped, self-	USA CMC					
Date Sign and print the name and title, if any, of		1072501297					
11/09/06 Municipal Marc Kiven, As Attorney in Fact for Norman Kiven							

UNITED STATES BANKRUPTCY COURT	Dis	TRICT OF_	Nevada	DECOLOR OF OUR			
Name of Debtor USA Commercial Mortgage Co	Case	Number	06-10725-LBR	PROOF OF CLAIM			
NOTE. This form should not be used to make a claim for an administrative expense in the cust. A "request' for payment of an administrative expense in	sirative exp ly be filed	ense ansing a pursuant to !!	ifter the commencement I U.S.C. § 503				
Name of Creditor (The person or other entity to whom the debtor owes money or property) Norman Kiven							
Name and address where notices should be sent Andrew J Abrams Esq., Sugar, Friedberg & Felsenthal LLP 30 N LaSalle St., Ste. 3000, Chicago, IL 60602	Che noti case	es from the f	have never received an bankruptcy court in this address differs from the				
Telephone number 312-704-9400	addi the	ess on the en court	velope sent to you by	THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor identifies debtor		ck here □r ıs claım □		iled claim dated			
1. Basis for Claim ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other Conversion (See Rider)		☐ Wages Last fo Unpar		rvices performed			
2. Date debt was incurred 2006	3	If court ju	dgment, date obtain	ed			
Sec reverse side for important explanations Unsecured Nonpriority Claim 5							
Amount entitled to priority \$48,248 00(+)		L	aım, ıfany \$				
Specify the priority of the claim Domestic support obligations under 11 USC § 507(a)(1)(A) c (a)(1)(B)		or services for \$ 507(a)(7)	or personal family, or	eurchase, lease, or rental of property household use - 11 U S C			
☐ Wages, salaries, or commissions (up to \$10,000),* earned within days before filing of the bankruptcy petition or cessation of the debt business, whichever is earlier - 11 USC § 507(a)(4) ☐ Contributions to an employee benefit plan - 11 USC § 507(a)	л 180 ⊠ or's *Aл	Other - Spec	afy applicable paragrap bject to adjustment on e	nental units - 11 U S C § 507(a)(8) sh of 11 U S C § 507(a)(2) * 4/1/07 and every 3 years thereafter in or after the date of adjustment			
 Total Amount of Claim at Time Case Filed. Check this box if claim includes interest or other charges in additional charges. 	_	48,248(+) (unsecuted) e principal an	(secured) nount of the clarm. Att	48,248(+) 48,248(+) (priority) (Total) ach itemized statement of all			
Credits The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts contracts, court judgments, mortgages, security FINED NOV 1 5 2006 agreements, and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available, explain. If the documents are voluminous, attach a summary. See Rider Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.							
Date Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) Marc Kiven, As Attorney in Fact for Norman Kiven							